



# Medicaid Member Guide

## Medicaid Guía para el Afiliado



Utah  
Department  
of Health

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## Glossary of Abbreviations

CHEC	Children’s Health Evaluation & Care
CHIP	Child Health Insurance Program
DWS	Department of Workforce Services
FQHC	Federally Qualified Health Center
HPR	Health Program Representative
LHD	Local Health Department
ORS	Office of Recovery Services
OTC	Over-The-Counter
PCN	Primary Care Network
PCP	Primary Care Provider
PMHP	Prepaid Mental Health Plan
QMB	Qualified Medicare Beneficiary
RHC	Rural Health Centers
TPL	Third Party Liability
UTA	Utah Transit Authority

# ***Welcome to Utah Medicaid***

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We want you and your family to get the health care you need. This booklet was written to help you learn how to use Medicaid. You must apply to receive Medicaid benefits. To apply, contact your local DWS (Department of Workforce Services) office. To apply on line, see the DWS web site: <http://jobs.utah.gov/healthservices>.

## ***What if my English is not very good or I am hard of hearing?***

We know that it may be hard to understand us if English is not your first language or if you are hard of hearing. Please ask us for an interpreter who speaks or signs your language to explain the Medicaid Program. Interpreters are free and available in all languages, including sign language. Your health plan also has interpreters.

## ***May I get this booklet in another language or format?***

Yes, we also have this booklet and other important information in Spanish or in Braille. You can also get information on line at the Utah Medical Benefits web site <http://health.utah.gov/umb>.

### **Services for people who are hard of hearing or have speech problems:**

If you are hard of hearing, you can call Utah Relay Services at 711 or 1-800-346-4128. This is a telephone relay service or TTY/TTD that is a free public service. If you speak Spanish, you can call Spanish Relay Utah at 1-888-346-3162.

If you have a hard time speaking, you can call 1-888-346-5822. A specially trained person will help you.

### **Services for people whose first language is not English:**

Tell us if you need someone to interpret for you. We will find someone who speaks or signs your language to explain our programs. Your health plan will also provide someone to interpret for you. If you need help getting interpretation, call: Medicaid Information Line (801) 538-6155 or 1-800-662-9651.

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Note: In this book, Wasatch Front counties are: Davis, Salt Lake, Utah, and Weber. All other counties are considered rural.

Information in this book may change at any time. Contact your HPR (Health Program Representative) at 1-866-608-9422 (Salt Lake 526-9422) or the Medicaid information line with questions.

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You may have a choice of selecting a health plan or Primary Care Provider (PCP) if you live in any other county.



A health plan is a group of doctors, clinics, hospitals and other medical experts you will use for your medical care. If you live in Weber, Davis, Salt Lake or Utah counties and a health plan doesn't meet your medical needs, talk to your HPR (Health Program Representative).

- The name of your health plan prints on your Medicaid card.
- You must use a doctor, clinic or hospital that accepts your health plan or your bills may not be paid.
- Your provider will know where to send the bill.
- You have the right to receive information about your health plan each year.

It may take one or two months for your health plan to be printed on your Medicaid card. If there is no health plan on your card, you can use your card and see any provider that will accept Medicaid.

## What if I have questions about health plans?

- Contact your HPR (Health Program Representative) if you live in Davis, Salt Lake, Utah or Weber County. HPR numbers are in the back of the book in the Resources section. (See page 5)
- Contact your Local Health Department (LHD) HPR in other counties. LHD numbers are in the back of the book in the Resources. (See page 6)

## Can I change my health plan?

If you live in a rural county;

- Contact your Local Health Department HPR to make a change.
- Rural counties may change their health plan at any time.
- Health plan change requests received before the 15th of the month will become effective the next month.

If you live on the Wasatch front:

- You can change your health plan from mid May to mid June. Your new health plan will start July 1st. A letter will be sent to remind you when you can change your plan.
- You have 90 days to decide if you want to make another change.
- If your health plan is not working for you, contact your HPR.
- Changing your health plan may change the providers you can use.

## What is an HPR?

A Health Program Representative (HPR) is a person who works for the Department of Health or a local health department and has important information about your benefits, health plans and providers.



A Wasatch front HPR works with Medicaid, CHIP and PCN programs. They are usually located within the Department of Workforce Services (DWS) offices. The phone numbers are in the back of this book in the Resources section.

Wasatch Front HPRs:

- Have classes about Medicaid benefits.
- Talk to you about the health plans in your area.
- Help you choose a health plan that will work best for you.

HPRs in other counties are located in Local Health Department (LHD) offices. The phone numbers are in the back of this book in the Resources section under Local Health Department with HPR.

LHD HPRs:

- Will help you understand your Medicaid benefits.
- Help you select a Primary Care Provider (PCP) or health plan.
- Can help you change your PCP or health plan.

## What is an LHD?

An LHD (Local Health Department) is a resource for a variety of direct public health services. Seven rural LHDs are contracted with Medicaid to provide HPR services.

- Bear River District
- Central Utah Health Department
- Southeastern Utah District Health
- Southwest Utah Public Health
- Tooele County Health
- TriCounty Health
- Wasatch City/County Health



## What is a PCP?

A Primary Care Provider (PCP) is a doctor you see for most of your medical care.

A PCP:

- Knows you, your medical history and your family history
- Sees you for routine care and sudden illness
- Can refer you to a specialist (heart doctor, bone doctor, cancer, etc)
- Watches over and directs all of your medical care

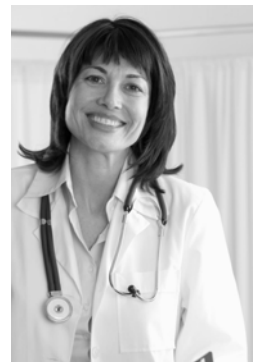
If the PCP you choose accepts you, their name will print on your Medicaid card. Your card prints with the letters PCP in bold across the top. To change your PCP for the next month, call your Local Health Department HPR by the 15th of the month.

Examples of doctors who can be a PCP:

- Family Practice (for all ages)
- Internal Medicine (for adults)
- Pediatrician (for children)
- OB/GYN (for pregnant women)

If a clinic is named as your PCP, you may see any doctor in the clinic. You must have a referral from your PCP/clinic to go to another medical provider, unless it is an emergency. Your doctor can refer in different ways:

1. By giving you a referral form
2. By mailing the form
3. By calling the other provider



The Local Health Department can help you select a PCP and, in some cases, can give you a referral to see another PCP.

## **What is Prior Approval/Prior Authorization?**

A prior authorization is permission to get some services covered by Medicaid or your health plan. Most services don't need prior approval. If a service you need requires a prior authorization, your doctor's office must get permission before they give you the service. If permission is not given, you will receive a letter with instructions on how to request a fair hearing.

## **What is a TPL? (Third Party Liability)**

When you have other health insurance including Medicare, this is called TPL (Third Party Liability). You must let your eligibility worker know if you have insurance or get insurance for anyone listed on your Medicaid card. The TPL information prints on your Medicaid card. Once your card has been printed, you must call the TPL unit at the Office of Recovery Services (ORS) to report changes. The phone number prints on the bottom of your Medicaid card.

Your doctor's office will bill your insurance first and then bills Medicaid or your health plan for the part of the bill your insurance doesn't cover.

## **What do I have to pay?**

### **Co-Pay and Co-Insurance**

You may have to pay a fee for some benefits and services. This fee is either a co-pay or co-insurance. A message will be printed on your medical card if you have a fee. All children under 18 years of age are exempt from co-pays and co-insurance as are pregnant women, nursing home residents and New Choices clients.

You may have a fee when you:

- Visit the doctor or clinic (co-pay)
- Visit the hospital for outpatient services (co-pay)
- Have a non-emergency hospital stay (more than 24 hours) (co-insurance)
- Pick up your prescriptions (co-pay)

Other things you may want to know about co-pays and co-insurance:

- If you do not pay your fee, your provider can refuse to see you
- Each time you pay a fee, you should get a receipt
- Make sure you save your receipts
- Medicare or other insurance may affect the amount you pay

## What is an Out of Pocket maximum?

Each Medicaid program has a limit or maximum you pay in co-pays and coinsurance each year. The amount you pay is counted from January through December. When you have met the out of pocket maximum, contact Medicaid Customer Service at 801-538-6155 or 1-800-662-9651.

## Quick Comparison Chart of Adult Medicaid Programs

### Co-Pays and Co-Insurance

<b>Benefits</b>	<b>Purple Card</b> Traditional Medicaid 18 years or older	<b>Blue Card</b> Non-Traditional Medicaid 19 years or older
<b>Out of Pocket Maximum</b>	Pharmacy: \$15 per month Inpatient: \$220 per year Physician & Outpatient \$100 per year	\$500 per calendar year Per person
<b>Chiropractic</b>	\$1 co-pay per visit	\$3 co-pay per visit, limited to 6 visits per year
<b>Dental</b>	No-co-pay - <i>limited benefits</i>	Not covered
<b>Emergency Room</b>	No co-pay \$6 co-pay for non-emergency use of the ER	No co-pay \$6 co-pay for non-emergency use of the ER
<b>Family Planning</b>	Office Visit: no co-pay Pharmacy: no co-pay <i>See current OTC list.</i>	Office Visit: no co-pay Pharmacy: no co-pay <i>See the current OTC list.</i>
<b>Inpatient Hospital</b>	\$220 yearly co-pay for non emergency stays	\$220 co-pay for non emergency stays
<b>Lab</b>	No co-pay	No co-pay
<b>Medical Equipment &amp; Supplies</b>	No co-pay	No co-pay
<b>Mental Health</b>	No co-pay at Prepaid Mental Health Center	No co-pay; limited to: 30 annual inpatient, 30 annual outpatient visits

## Quick Comparison Chart Continued

<b>Benefits</b>	<b>Purple Card</b> Traditional Medicaid 18 years or older	<b>Blue Card</b> Non-Traditional Medicaid 19 years or older
<b>Occupational/ Physical Therapy</b>	No co-pay	\$3 co-pay per visit, limited to 10 combined visits per year
<b>Office Visit or Outpatient</b>	\$3 co-pay per visit	\$3 co-pay per visit, no co-pay for preventative care or immunization
<b>Pharmacy*</b>	\$3 co-pay per prescription, limited to \$15 per month	\$3 co-pay per prescription
<b>Over the Counter (OTC)</b>	Limited OTC drug coverage; same co-pay as pharmacy	Limited OTC drug coverage; same co-pay as pharmacy
<b>Transportation</b>	No co-pay	No co-pay, limited emergency transportation
<b>Vision Services</b>	Optometrist – no co-pay for annual eye exam Ophthalmologist - \$3.00 co-pay for annual eye exam  Glasses covered every other year - \$3.00 co-pay	Optometrist – no co-pay for annual eye exam Ophthalmologist - \$3.00 co-pay for annual eye exam  <i>Glasses not covered</i>
<b>X-Ray</b>	No co-pay	No co-pay

\*Drug coverage is provided under Medicare Part D for people who have Medicare or are eligible for Medicare.

## Am I covered if I am out of the area?

You are covered for urgent or emergency care when you are in an area of Utah where there are no medical providers who take your health plan or if you are out of the state. If you have an emergency while visiting out of your service area or out of state, ask the medical provider to bill your health plan. If you don't have a health plan, ask the provider to bill Medicaid. Ask the pharmacy to contact the Medicaid Information Line. Routine care is not covered by your health plan when you are out of the area.



Medicaid or your health plan will pay the bill as long as the provider is willing to bill them for urgent or emergency care. You need to call your health plan to report all out of area urgent or emergency care services.

## What do I do with medical bills?

Pay attention to the mail you get from your doctor's office. If you get a bill that says "do not pay" or "your insurance has been billed", don't worry about the bill. If the bill says you owe an amount you should:



1. Make sure your doctor's office has a copy of your Medicaid card for the month you are being billed.
2. Call your doctor's office. Make sure they billed your health plan or Medicaid, whichever one you had for the month you were seen.
3. If the doctor's office has billed your health plan or Medicaid, but the bill is still not paid, call your health plan or the Medicaid office.
4. If you have called your doctor's office and your health plan or the Medicaid office and you still have problems, call your HPR.

Don't get stuck with the bill.

You could end up paying your own medical bills:

- If you see a provider who isn't part of your health plan.
- For services you receive when you are not eligible for Medicaid.
- For services you receive during an appeal, grievance or hearing if the action is denied.
- If you receive services without showing your Medicaid card to the provider.

**You will be responsible for any services which you agree to have that are not covered by Medicaid.**

You should sign a form with your provider that states:

- What non-covered service you are having.
- That you know it is not a Medicaid covered service.
- How much you will need to pay.

## What if I have bills for medical services in past months?

You can ask your eligibility worker for Medicaid coverage for past months. If you are eligible, you would not be given a health plan for those months. Show your doctors your Medicaid card and ask them to bill Medicaid. They *do not* have to accept your Medicaid card for past services. Call your eligibility worker for any questions about eligibility.

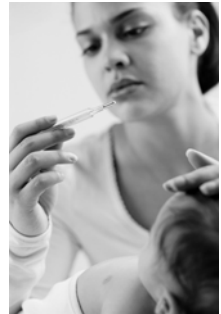
## Is it urgent care I need or is it an emergency?

**Urgent Care**—Urgent care is when your problem is serious, but you could wait one day to see your doctor such as when you are sick or have an accident.

Urgent care problems usually don't cause permanent harm or death. For urgent care, call your doctor. You may be able to see the doctor that same day. If you have a health plan, your plan may have urgent care clinics which are open after normal office hours and weekends. Check your health plan provider directory.

Examples of urgent care:

- You fall and sprain your wrist or ankle
- Your child wakes up in the night with an earache
- You have a bad cough or high fever
- You are vomiting a lot



**Emergency Care**—Use emergency care when you have a serious medical problem that can't wait. Waiting could mean permanent harm or death. Use the hospital emergency room that is closest to you.

If you think your medical problem may be an emergency, call 911 or go to the nearest emergency room right away. You don't have to call your doctor first. *If your doctor or health plan tells you to go to the emergency room, go as soon as possible.* Your doctor may provide any needed follow-up care.

Examples of emergencies:

- Heavy bleeding
- Chest pain
- Trouble breathing
- Bad burns
- Broken bones
- Poisoning



If you go to the emergency room for something that is not an emergency, you may have to pay a co-pay or pay all of the bill.

## **What are my responsibilities as a Medicaid client?**

- Show your current Medicaid card every time you get medical care.
- Check the information on your card each month to make sure it is right.
- Keep your appointments or cancel in advance.
- Save your Medicaid cards for one year.
- Use your Medicaid card wisely.
- Use appropriate behavior and cooperate with the provider and their staff.
- Pay your co-pays at the time of service.

## **What are my rights?**

- You have the right to be treated fairly and with courtesy and respect.
- You have the right to have your privacy protected and be treated with dignity.
- You have the right to get medical care no matter what your race, color, nationality, disability, sex, religion or age.
- You have the right to receive information on all available treatment options.
- You have the right to participate in decisions regarding your medical care, including refusing treatment.
- You have the right to ask for a copy of your records and request that they be changed.

To resolve benefit problems with your health plan:

- Call your health plan to talk about the problem. Many times the problem can be taken care of that easily.
- Call the Medicaid Information Line. Sometimes they can help.
- If there is still a problem ask your health plan how to file a Grievance or an Appeal.

After your health plan's final decision, if you still feel you are being treated unfairly you can ask for a Fair Hearing with Medicaid. You must file for a Fair Hearing within 30 days of your health plan's final decision. Talk to your HPR.



To resolve benefit problems with Medicaid:

- Call your HPR at 1-866-608-9422 to talk about the problem.
- You can ask for a Fair Hearing. You must file for a Fair Hearing within 30 days of the final decision. Talk to your HPR.

If you feel you have been discriminated against, call the Civil Rights Coordinator or the Federal Office for Civil Rights.

Medicaid Constituent Services  
1-877-291-5583

Federal Office for Civil Rights  
1-800-368-1019  
(Voice 1-800-537-7697 (TDD))

## ***Basic Medicaid Benefits***

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### **Benefits Covered by Medicaid**

- Ambulance
- Birth Control
- Case Management
- CHEC Program or Well Child Exams
- Chiropractic Services
- Dental
- Doctor Visits
- Emergency Room
- Eye Exams and Eyeglasses
- Home Health Care
- Hospice Care
- Hospital
- Lab and X-ray
- Maternity Care
- Medical Supplies
- Mental Health
- Midwife Services
- Nursing Home Services
- Over-the-Counter Drugs
- Personal Care Services
- Physical Therapy/ Occupational Therapy
- Prescriptions\*
- Specialists
- Speech and Hearing Services
- Tobacco Cessation Services for Pregnant Women
- Transportation Services
- Waiver Programs

For more information about your benefits, talk to your HPR. Some benefits may not be covered or may be limited depending on your Medicaid program.

Providers have the right to refuse to see you. Medicaid cannot force a provider to accept Medicaid or make them accept you as a patient

***\*Prescription benefits for Dual eligible Medicare and Medicaid clients are covered by Medicare Part D.***

## **Ambulance**

When seconds count, call 911 for an ambulance. Medicaid will cover ambulance services in an emergency. Air ambulance is covered when a ground ambulance can't get you to medical care fast enough. Tell the ambulance to take you to the closest hospital.

## **Birth Control**

You may get family planning services from any provider who accepts State Medicaid or your Health Plan without having to pay a co-pay. You don't need a referral. You can get some types of birth control in the doctor's office. For others, the doctor will write a prescription. The following forms of birth control may be covered by your Medicaid program.

- Birth Control Pills
- Foams
- Creams
- Diaphragms
- IUDs
- Contraceptive Implants
- Birth Control Patches
- Shots (Depo-Provera)
- Condoms
- Emergency Birth Control (Morning After Pill)
- Sterilization\*

\*Medicaid may pay for a woman to get her tubes tied or a man to have a vasectomy (sterilization). You must be 21 or older and both you and your doctor must sign a consent form 30 days before the surgery. Medicaid doesn't pay to reverse these surgeries.

## **Case Management (Coordination of Care)**

Some Health Plans have case management programs. If you have serious health problems and have a Health Plan on your Medicaid card, ask to speak with a case manager with your plan. A case manager helps make sure you get the medical care you need. The rural PCP program does not have case management.

## CHEC Program or Well Child Exams

CHEC (Child Health Evaluation and Care) is a special benefit for children on Medicaid. CHEC is about keeping children healthy. Anyone from birth through age 20 on Traditional Medicaid (purple card) can get CHEC covered services.



Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems before they lead to a serious problem.

CHEC services include:

- Well child exams by your child's doctor. A head-to-toe exam that includes health history, eating habits, eyesight and hearing exam, lead screening and a growth and development check.
- Shots (immunizations) to keep your child healthy.
- Dental checkups by your child's dentist. A complete exam and cleaning twice a year. Fluoride treatment and sealants are covered for children. Your child's first dental visit should be by age one.
- Follow up treatment and care if a health problem is found during a CHEC exam.
- Children may receive benefits that are usually not covered by Medicaid.

When should my child have a CHEC Well Child Exam?

- Newborns - as soon as possible after birth. Babies - 1, 2, 4, 6, 9, 12, 15, 18, and 24 months. Shots are due at many of these visits.
- Toddlers - ages 3 to 5. More shots are due at some of these visits.
- Children - ages 6, 8, 10, 11 and 12.
- Teenagers and Young Adults - ages 13 to 20.

If you missed a checkup at one of these ages, take your child in as soon as possible. Ask for a CHEC exam while making the appointment and tell your doctor you have Medicaid. Remember to take your child's shot record with you.

## Chiropractic Services (Chiropractic Health Plan)

Your chiropractic benefits are covered under the Chiropractic Health Plan. The plan pays the bills for your chiropractic care. You may see any chiropractor who is on the plan.

Services are limited. To learn more about your chiropractic benefits call (801) 352-7270 or 1-800-339-5958.



## Dental Benefits

Pregnant women, children and adults on Traditional Medicaid (purple card) have dental benefits. Benefits may include:



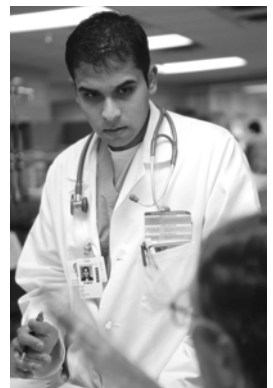
- Examination
- Cleaning
- X-rays
- Fillings
- Root canals on some teeth
- Silver crowns

Call your dentist or other dentists in your local phone book to see if they accept Medicaid. The State also has clinics where you can get dental care, called the Family Dental Plan clinics. Check the Resources section to see if there is one in your area.

## Doctor Visits

Medicaid pays for you to see the doctor when you are having health problems. Most of the time you can get the treatment you need from your primary care doctor (PCP). If your doctor feels your problems are too serious to treat in the office, your doctor may refer you to a specialist. If you have a health plan on your Medicaid card, make sure that you see a doctor who accepts your plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.



## Eye Exams and Eyeglasses

Some Medicaid plans will pay for a medically necessary eye exam each year. If glasses are a covered benefit under your plan, your provider will show you a selection of glasses to choose from that Medicaid will pay for in full. You can choose more expensive eyeglasses, but you must pay the difference between what Medicaid or your health plan pays and the cost of the more expensive glasses. Make sure you sign an agreement, if you are going to pay for more expensive glasses.



## Home Health Care

Home health care is for people who are unable go to the doctor's office but don't need to be in a hospital or nursing home. This service requires prior approval.

Some types of care you might receive in your home are:

- Physical and other therapies
- Nursing
- Care from a home health aide
- Some medical supplies such as oxygen.

Talk to your doctor if you need home health care. If you have a health plan, you must use a home health agency that is part of your plan.

## Hospice Care

Hospice care can help people to be comfortable when they are dying. Talk to your doctor if you need these services.

## Hospital Care

Medicaid covers both inpatient and outpatient hospital care. You need a referral from your doctor before you use hospital services unless it is a true emergency. Prior approval is needed for some hospital services. If you have a health plan, use a hospital that is with your plan. There may be a co-pay or co-insurance you are required to pay.



## Lab and X-ray Services

Many lab and x-ray services are covered by Medicaid. You might get these services in your doctor's office, or your doctor might need to refer you to another clinic, lab or hospital. If you have a health plan, you must use a provider that is with your plan.

## Maternity Care

If you think you are pregnant, see a doctor as soon as possible. To receive prenatal benefits, call your eligibility worker to report the pregnancy. Early prenatal care helps you have a healthy baby.

You may choose to see a specialist such as an OB-GYN or a CNM (Certified Nurse Midwife). If you have a health plan, you must use a provider that is with your plan. Medicaid covers:

- Prenatal visits, lab work and tests you may need (like an ultra sound).
- Charges for labor and delivery
- Anesthesia (pain treatment)
- Hospital stay
- Your 6 week checkup after the baby is born
- Tobacco cessation services

You can stay in the hospital for as long as your provider feels is necessary. Your baby may be covered by Medicaid for a year. Call your eligibility worker as soon as possible to report the birth of your baby.

## Medical Supplies

Talk to your doctor if you need medical supplies. Your doctor would need to write an order. If you have a health plan, give the order to a medical supplier who is with your plan. Some examples of covered medical supplies are:

- Wheelchairs
- Prosthetic devices
- Bandages or wound care supplies
- Vaporizers or humidifiers
- Oxygen



## **Mental Health Care**

### **Prepaid Mental Health Plan (PMHP)**

If you live in a county other than San Juan or Wasatch, Medicaid enrolls you in the PMHP for mental health care. The PMHP is a mental health center. The PMHP's name prints on your Medicaid card. A list of PMHPs is in the Resources section of this booklet.

You must get mental health services through your PMHP. If you want to get services from someone outside the PMHP, you must get approval from the PMHP before you get the services. Otherwise, you might be responsible to pay the provider for the services.

Mental Health Services your PMHP can provide are:

- ◆ Evaluations
- ◆ Psychological Testing
- ◆ Medication Management
- ◆ Individual and Group Therapy
- ◆ Psychosocial Rehabilitation Services
- ◆ Case Management Services
- ◆ Transportation to mental health appointments (Call your PMHP or talk to your therapist for help with transportation.)
- ◆ Personal Services
- ◆ Respite Care
- ◆ Psycho-educational Services
- ◆ Inpatient mental health services

### **Mental Health For Children In Foster Care**

Inpatient mental health care is the only service foster care children get through the PMHP. Foster care children may get outpatient mental health services from any Medicaid provider whom their case worker recommends.

### **San Juan and Wasatch Counties**

If you live in San Juan County or Wasatch County, you can get mental health services from the mental health center serving your county (San Juan Counseling or Heber Valley Counseling). These mental health centers are also listed in the Resources section of this booklet under 'Other Mental Health Centers'.

## What if I have problems with my PMHP?

If you disagree with any decision made by your PMHP, or are unhappy with the care you are getting, you have the right to let them know:



- Call your therapist, the therapist's supervisor or the PMHP to talk about the problem.
- Call the Medicaid Information Line at (801) 538-6155 or toll-free at 1-800-662-9651.
- Call your Health Program Representative (HPR).
- If there is still a problem, ask your PMHP about filing a grievance or an appeal depending on the problem.
- If you are not happy with the decision your PMHP makes on an appeal, you can ask for a fair hearing with Medicaid.

## Alcohol and Drug Services

### Medical Detoxification

If you need *inpatient* drug or alcohol detoxification services and you are enrolled in a Health Plan for physical health care, call your Health Plan. If you are not enrolled in a Health Plan, the hospital will bill Medicaid for detoxification services.

### Outpatient Services

You can get outpatient treatment for alcohol and drug problems from a Medicaid substance abuse treatment provider. If you live in *any county other than the counties listed below*, call your mental health center listed in the Resources section of this booklet. They are also Medicaid's substance abuse providers.

#### ***Salt Lake County-***

If you live in Salt Lake County, call the Salt Lake County Division of Substance Abuse at 468-2009. They will help you get the services you need.

#### ***Rich, Cache and Box Elder Counties-***

If you live in one of these counties, call the Bear River Health Department, Division of Substance Abuse. For services in Brigham City, call (435)734-1322. For services in Logan, call (435)792-6420.

#### ***Utah County-***

If you live in Utah County, call the Utah County Division of Substance Abuse at (801) 851-7128. They will help you get the services you need.

## **Midwife Services**

If you have a health plan and choose to see a midwife for care during your pregnancy, you must choose a certified nurse midwife who is with your plan. Certified nurse midwives can deliver babies in the hospital in case of an emergency during delivery.



## **Nursing Home**

Medicaid covers nursing home care. Long-term care is when a person stays in a nursing home more than 30 days. Long-term nursing home patients do not have to select a Health Plan or PCP. If you enter a nursing home and have a health plan on your Medicaid card, talk to your HPR about removing it.

Short term care is when a patient goes from a hospital to a nursing home to continue recovering. When this stay is less than 30 days, the patient with a Health Plan on their Medicaid Card, will stay with the same plan.

## **Personal Care Services**

Personal Care Services such as bathing, feeding and dressing may be covered. This help is for people who can't do these things for themselves. Personal care is provided by a home health care aide. Talk to your doctor if you need these services. If you have a Health Plan, the services are provided by a home health agency that is with your Health Plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.

## **Physical Therapy / Occupational Therapy**

Physical therapy may be covered for some serious problems. Physical therapy may be ordered by your doctor when it will improve your medical condition. If you have a health plan; make sure to use a physical therapist that is with your plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.

## Prescriptions

Not all drugs are covered, even with a doctor's prescription. Generic brands are covered by Medicaid. If there is no generic brand for the drug you need, you may get the name brand. Some prescriptions require prior approval.

The number of prescriptions Medicaid will pay for each month may be limited by your Medicaid program.



- Medicaid will review your medical history to see if you need more than the allowed prescriptions per month.
- Over-the-Counter drugs will count as part of your allowed prescriptions.
- If you have any questions, call:

Medicaid Customer Service  
801-538-6155  
1-800-662-9651

If you have or are *eligible* for Medicare, your prescriptions are covered by Medicare Part D. The only prescriptions that are covered by Medicaid are:

- Barbiturates (sedatives)
- Benzodiazepines (minor tranquilizers)
- Some cough and cold medications
- Medicaid covered over-the-counter medication prescribed by your doctor.

Call the State Health Insurance Information Program at 1-800-541-7735 or Medicare (1-800-663-4227). For TTY, call 1-877-486-2048. You can also visit their web site at: [www.medicare.gov](http://www.medicare.gov).

## Over-The-Counter Drugs

Medicaid covers the over-the-counter medicines listed on page 23. You need a prescription for Medicaid to pay for them. If you have a prescription limit, over-the-counter drugs are counted.

## Over-the-Counter (OTC) Drug List

*This list may change without notice. Some drugs have limits, brand name or generic requirements.*

Acetaminophen	Lancets (Does not count toward monthly limit)
Antacid liquid and tablets	Loratidine (single agent)**
Aspirin including enteric coated, buffered	Lotrimin, Lotrimin AF
Benadryl	Mag-Carb* **
Calcium non-oyster shell	Milk of Magnesia
Chlorpheniramine*	Niacin* 250 mg
Citrate of Magnesia*	Nix and generic equivalent**
Contraceptive creams, foams, tablets, sponges, and condoms	Pedialyte* ** (covered only until age 10)
Doxylamine Succinate	Pepto-Bismol* **
DSS caps, liquid, syrup and concentrate drops 5%	Poly Vi Sol *(iron formula not covered)
Famotidine OTC	Prilosec OTC
Ferrous gluconate* 325 mg. sulfate 325mg, elixir 220 mg	Prophylactics or condoms, male and female* **
Glucose blood tests strips**	Pseudoephedrine HCL 30 mg, 60 mg
Gyne-Lotrimin	Psyllium muciloid powder
Hydrocortisone cream, ointment or suppositories*	Rid**
Ibuprofen	Robitussin***
Imodium AD	Robitussin DM***
Insulin**	Senokot* 8.6 mg tab
Insulin syringe (disposable needle) 100 max	Tri Vi Sol *
Kaolin w/ pectin suspension*	Triaminics **
	Triple antibiotic ointment 15gm
	Urine tests* ** (Clinistix, Clinitest, Diastix, Ketostix)

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*\* Not covered under Non-Traditional Medicaid.*

*\*\* Brand covered*

*\*\*\* Generic only*

## Specialists

Your doctor may refer you to a specialist if you have a serious health problem. If you have a health plan, make sure you use a specialist who works with your plan. In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.

## Speech and Hearing Services

Some Medicaid programs may cover speech and hearing Services. If you feel you need these services, talk to your doctor. Your doctor may refer you to a speech therapist or an audiologist.

## Tobacco Cessation Services

Medicaid has a free support program to help pregnant women stop smoking. Please call your HPR or Local Health Department Health Program Representative for details.

Medicaid will cover some tobacco cessation products for all Medicaid eligible clients. If you are interested in these products, talk to your doctor and ask for a prescription.

## Transportation Services

If you do not have a car or a way to get to the doctor, Medicaid or your health plan may cover your trip to and from medical appointments. The transportation services that are available may include:

- UTA Bus Pass
- UTA Flex Trans
- *PickMeUp* Medical Transportation



**UTA Bus Pass:** Call your Medicaid eligibility worker and ask if your Medicaid program covers a bus pass. If it is a benefit, the pass will come in the mail each month with your Medicaid card. Show your Medicaid card and bus pass to the driver.

**UTA FlexTrans:** If there is a medical reason you can't use the bus, you may qualify for services through UTA FlexTrans. To apply for this service, call UTA at:

Davis County	1-888-394-9150
Salt Lake County	801-566-2334
Utah County	801-374-9306
Weber County	801-393-1736

*PickMeUp*: *PickMeUp* is a door-to-door service for routine transportation. For *PickMeUp*, your doctor must mail a letter to them stating the medical condition that qualifies you for door-to-door transportation. You must call 24 hours in advance of scheduled routine appointments to arrange for *PickMeUp* services.

For urgent care you do not need a letter on file. *PickMeUp* will call your doctor to verify the need for urgent care.

Call *PickMeUp*  
1-888-822-1048

## Waiver Programs

Some people with special needs may qualify for Medicaid through waiver programs. If you do, you will get some extra benefits. Waivers let Medicaid pay for support and services to help people live safely in their own homes or the community. Waiver services and supports may include:

- ◆ Emergency response service
- ◆ Homemaker service
- ◆ Group home
- ◆ Day treatment center
- ◆ Adult day care
- ◆ Family support
- ◆ Someone to help you work at a job
- ◆ Transportation to places other than a doctor's office or clinic
- ◆ Respite care for family members who need a break from caring for disabled or elderly family members

Waivers allow Medicaid to pay for a Case Manager to help you get the medically necessary Medicaid benefits and the extra waiver services you need. The extra services are different for each waiver program. Waiver programs limit the number of people who may be served. For information about how to apply for a waiver program, call the numbers below.

- ◆ Brain Injury Waiver Call DSPD (Division of Services for People with Disabilities) at (801) 538-4200
- ◆ DDMR Waiver (Developmentally Disabled/ Mentally Retarded) Call DSPD at (801) 538-4200
- ◆ Technology Dependant/ Medically Fragile Children Waiver (Sometimes called the Travis-C Waiver) Call CSHCS - Children's Special Health Care Services 801-584-8240 or 1-800-829-8200
- ◆ Aged Waiver—Call AAA (Area Agency on Aging) 1-800-541-7735
- ◆ Personal Assistance Waiver—Call (801) 538-4200

## Other State Programs

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- ◆ CHIP (Children's Health Insurance Program)
- ◆ UPP (Utah's Premium Partnership for Health Insurance)
- ◆ PCN (Primary Care Network of Utah)
- ◆ FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)
- ◆ QMB (Qualified Medicare Beneficiary)
- ◆ Restriction Program
- ◆ Spenddown Program (Medically Needy)

### **CHIP (Children's Health Insurance Program)**

CHIP is a state health insurance plan for children who don't have other insurance. It provides preventative services (well-child visits, vaccinations, and dental cleanings) without a co-payment. Apply for CHIP during Open Enrollment. To find out when Open Enrollment will be held, watch and listen for TV, radio, and other announcements. You may also call 1-877-KIDS-NOW (1-877-543-7669) or visit the CHIP website at [www.health.utah.gov/chip](http://www.health.utah.gov/chip). During Open Enrollment apply online, mail in an application, or visit a Department of Workforce Services employment office.

### **PCN (Primary Care Network of Utah)**

PCN provides limited benefits for adults who qualify. PCN covers about 19,000 Utah adults. PCN covers preventive services. Applications are only accepted during enrollment sessions. The federal government requires PCN to enroll more parents than people without children. Because of this, PCN schedules separate enrollment times for parents and those without children. To enroll, watch and listen for announcements about the next PCN enrollment session in the news or visit online. Call 1-888-222-2542 or visit [www.health.utah.gov/pcn](http://www.health.utah.gov/pcn) for information.

### **UPP (Utah's Premium Partnership for Health Insurance)**

UPP is for adults and children who don't currently have health insurance but can enroll in their employer's health insurance plan. UPP helps make health insurance more affordable for working individuals and families by helping pay their monthly premiums. After you enroll in UPP and begin paying your health insurance premiums, you receive monthly checks, up to \$150 per adult and up to \$100 per child, every month. There are also options for your child's dental coverage. To qualify, you must be age 0-64, not currently insured, and able to get insurance through an employer. For more information or to get an application, call 1-888-222-2542 or visit a Department of Workforce Services employment office. To apply online, visit [www.health.utah.gov/upp](http://www.health.utah.gov/upp).

## **FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)**

Utah has a number of FQHCs and RHCs. These are clinics that have received special grant money to provide medical care to people who don't have any insurance. They also see patients who have insurance including Medicaid. If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in the Resources section.

## **QMB (Qualified Medicare Beneficiary)**

QMB is a program that pays your Medicare premiums, co-pays and deductible. To learn more about the QMB program, contact the office where you apply for Medicaid. Some people get both QMB and Medicaid. If you are eligible for QMB only (no Medicaid benefits), you will receive a special QMB card showing you are eligible for the program. *This program is limited to Medicare benefits only.* Show your QMB card along with your Medicare card when you get medical treatment. This shows your doctors and clinics that your co-pays and deductibles are covered.

## **Restriction Program**

The Restriction Program is for people who may need help in using medical services wisely. If someone is enrolled in the Restriction Program, they will have a doctor and pharmacy that prints on their card along with their health plan. They need to get all of their care from the one primary care doctor and all their prescriptions from the one pharmacy. Prescriptions must be written by or approved by the primary care doctor.

If you are part of the Restriction Program, you may be allowed to change the doctor and pharmacy. You must go through the Restriction Program staff. You can contact them by calling (801) 538-9045 or 1-800-662-9651 (press #900).

## **Spenddown Program (Medically Needy)**

Spenddown is when you pay to receive a Medicaid card. You pay the amount you are above the Medicaid income limit. Not all Medicaid programs allow you to spend down. You must meet all eligibility conditions to qualify. Contact your DWS (Department of Workforce Services) eligibility worker for information about spending down.

## Resources/Los Recursos

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Access Utah Network-Disability Information & Referral	
155 S 300 W, Suite 100, Salt Lake City, 84102.....	801-533-4636
Toll Free .....	1-800-333-8824
Adult Protective Services .....	1-800-371-7897
Aging Services	
2001 S State, #S-1500, Salt Lake City, 84190.....	801-468-2454
Weber County, Ogden.....	801-625-3770
Davis County, Farmington.....	801-451-3377
Utah, Summit & Wasatch County.....	801-229-3804
AIDS/HIV Prevention and Services	
Communicable Disease Services (HIV, TB, Hepatitis, & STDs)	
288 N 1460 W, Salt Lake City, 84114.....	801-538-6096
AIDS/Ryan White Title II (Medical Services for people with AIDS/HIV)	
50 N Medical Drive, Salt Lake City, 84132.....	801-538-6096
AIDS/Ryan White Title III (Primary Care Alliance).....	801-585-1251
Toll Free.....	1-800-824-2073
American Diabetic Association	
1245 Brickyard Road, Suite 30, Salt Lake City, 84111.....	801-363-3024
Toll Free.....	1-800-888-1734
American Red Cross (www.utahredcross.org)	
465 S 400 E, Salt Lake City, 84110.....	801-323-7000
Toll Free .....	1-800-328-9272
Arthritis Foundation	
448 E 400 S, Suite 103, Salt Lake City, 84111.....	801-536-0990
Toll Free .....	1-800-444-4993
Baby Your Baby Hotline—Toll Free .....	1-800-826-9662
Blind and Visually Impaired (Division of Services)	
250 N 1950 W, Suite B, Salt Lake City, 84116 .....	801-323-4343
Toll Free.....	1-800- 284-1823
Cancer Information Service—Toll Free .....	1-800- 4-CANCER
CAP (Community Action Program)	
764 S 200 W, Salt Lake City, 84101 .....	1-800-796-2444
Catholic Community Services	
2570 W 1700 S, Salt Lake City, 84104 .....	801-977-9119
Ogden.....	801-394-5944
Child Protective Services in Salt Lake County.....	801-281-5151
Other counties dial 211 and ask for the number for your county	
CHIP (Child Health Insurance Program)—Toll Free.....	1-877-KIDS-NOW
CHEC (Child Health Evaluation and Care) Program.....	See Local Health Dept
CSHCS (Children's Special Health Care Services)—Toll Free .....	1-800-829-8200
Chiropractic Health Plan	
9135 S Monroe, Suite B, Sandy, 84070.....	801-352-7270
Toll Free.....	1-800-339-5958

Constituent Services	
Governor's Office—Toll Free.....	1-800-705-2464
Medicaid Toll Free.....	1-800-331-4341
Deaf, Utah Association for the, Inc. (TTY) .....	801-263-4860
5709 S 1500 W, Salt Lake City, 84123.....	801-263-4861
Disabled Rights Action Center	
2757 S 300 W, Salt Lake City —Toll Free .....	1-800-478-9314
DSPD (Division of Services to People with Disabilities)	
655 E 4500 S, Suite 200, Murray, 84114 .....	801-264-7620
Domestic Violence Information—Toll Free.....	1-800-897-5465
DWS (Department of Workforce Services).....	801-526-9675
Toll Free for Out of State.....	888-848-0688
Family Dental Plans	
Heber: 55 S 500 E, Heber City, 84032.....	435-654-2700
Ogden: 950 E 25th St. Suite 360, Ogden, 84401 .....	801-395-7090
Provo: 150 E Center St. Suite 1100, Provo, 84606.....	801-374-7011
Salt Lake City: 3195 S Main St, Suite 200, 84115 .....	801-468-0342
Salt Lake City: 4535 S 5600 W, 84120 .....	801-969-8243
St George: 321 N Mall Dr., # 101, St. George, 84771.....	435-652-3806
FQHC (Federally Qualified Health Centers) (income based fees)	
Carbon Medical Services:	
305 Center St., East Carbon, 84520.....	435-888-4411
Central City Community Health Center	
461 S 400 E Salt Lake City, 84111.....	801-539-8617
Copperview Community Health Center	
8446 S Harrison, Midvale, 84047.....	801-566-5494
Enterprise Valley Med. Center	
223 S 200 E, Enterprise, 84725.....	435-878-2281
Green Valley Medical Center	
305 W Main, Green River, 84525.....	435-564-3434
Midtown Community Health Center	
2440 Adams Ave, Ogden, 84402.....	801-393-5355
Montezuma Creek Health Center	
262 Montezuma Creek, 84534.....	435-651-3291
Mountainlands Community Health Center	
215 W 100 N, Provo, 84601.....	801-374-9660
Oquirrah View Community Health Center	
4745 S 3200 W, Salt Lake City, 84118.....	801-964-6214
Stephen D. Ratcliffe Health Clinic	
1365 W 1000 N, Salt Lake City, 84116.....	801-328-5750
Southwest Utah Community Health Center	
168 North 100 East, St. George, 84770.....	435-986-2565
Wasatch Homeless Health	
404 S 400 W Salt Lake City, 84101.....	801-364-0058
Wayne County Medical Clinic	
128 S 300 W Bicknell, 84175.....	435-425-3744

## Health Clinics of Utah

Ogden: 2540 Washington Blvd, Suite 122, 84401.....801-626-3670  
Provo: 150 E Center St, Rm1100, 84606.....801-374-7011  
Salt Lake: 3195 S Main St., #200, 84115.....801-468-0354

## Health Plans

Healthy U—Toll Free .....1-888-271-5870  
Molina—Toll Free .....1-888-483-0760  
Select Access (formerly IHC Access) (Medicaid Info Line)—Toll ..1-800-662-9651

## HPRs (Health Program Representatives)

American Fork ([afhpr@utah.gov](mailto:afhpr@utah.gov))

751 E Quality Dr, American Fork, 84003 .....801-342-2622

Clearfield ([clearfhpr@utah.gov](mailto:clearfhpr@utah.gov))

1350 E 1450 S, Clearfield, 84015.....801-776-7377

Ogden ([ogdenhpr@utah.gov](mailto:ogdenhpr@utah.gov))

480 27th St, Ogden, 84401.....801-626-0424

Provo ([provohpr@utah.gov](mailto:provohpr@utah.gov))

1550 N Freedom Blvd, Provo, 84604.....801-342-2622

Roy ([royhpr@utah.gov](mailto:royhpr@utah.gov))

1951 W. 5400 So., Roy, 84067.....801-776-7232

Spanish Fork ([sfhpr@utah.gov](mailto:sfhpr@utah.gov))

1185 N Chappel Drive, Spanish Fork, 84660 .....801-342-2622

SLC/ Expo ([expohpr@utah.gov](mailto:expohpr@utah.gov))

158 S 200 W, Salt Lake City, 84145.....801-524-9071

SLC/ Metro ([metrohpr@utah.gov](mailto:metrohpr@utah.gov))

720 S 200 E, Salt Lake City, 84111.....801-536-7112

SLC/ Midvale ([midvalehpr@utah.gov](mailto:midvalehpr@utah.gov))

7292 S State St., Salt Lake City, 84047.....801-567-3835

SLC/ South County ([schpr@utah.gov](mailto:schpr@utah.gov))

5735 Redwood Rd, Taylorsville, 84123.....801-269-4890

West Valley ([wvhpr@utah.gov](mailto:wvhpr@utah.gov))

2750 So 5600 W, West Valley City, 84120 .....801-840-4456

Woods Cross ([wchpr@utah.gov](mailto:wchpr@utah.gov))

763 W 700 S, Woods Cross, 84087.....801-298-6612

## Indian Walk In Center

120 W 1300 S, Salt Lake City, 84115 .....801-486-4877

Information & Referral.....211

## Local Health Department *with* HPR

Bear River District Health

655 E 1300 N, Logan, 84321.....435-752-3730

Central Utah Health Dept

70 Westview Dr., Richfield, 84701.....435-896-5451

Southeastern Utah District Health

28 S 1st E (PO Box 800), Price, 84501.....435-637-3671

Southwest Utah Public Health

620 S 400 E, St George, 84770 .....435-673-3528

Tooele County Health

151 North Main, Tooele, 84074.....435-843-2310

TriCounty Health

147 E Main St., Vernal, 84078.....435-781-5475

Wasatch City/County Health 55 S 500 E, Heber, 84032.....	435-654-2700
Local Health Departments <i>without</i> HPR	
Bountiful Clinic 1650 S Main, #109B Bountiful, 84010 .....	801-298-3919
Davis County Health Dept Courthouse Annex: 50 State St, Farmington, 84025.....	801-451-3315
Ellis Shipp Public Health Clinic 4535 S 5600 W, West Valley City, 84120.....	801-963-7335
Layton Clinic 360 S Fort Lane, Layton, 84041 .....	801-547-8058
Rose Park 1625 W 700 N, Salt Lake City, 84116.....	801-322-0502
Salt Lake City/County Health 610 S 200 E, Salt Lake City, 84111.....	801-468-2750
2001 S State St, Salt Lake City, 84190.....	801-468-2800
South East Clinic 9340 S 700 E, Sandy, 84070.....	801-255-7114
South Main Public Health 3195 S Main St., Salt Lake City, 84115.....	801-464-8966
Summit City/County Health 85 N 50 E (PO Box 128), Coalville, 84017 (Ext 3222).....	435-336-4451
Utah City/County Health 151 So. University Ave., Provo, 84601.....	801-851-7000
Weber/ Morgan District Health 2233 Grant Ave., Ogden, 84401.....	801-399-6150
Weber/ Morgan District Health 477 23rd St, Ogden, 84401.....	801-399-7250
West Jordan 1740 W 7800 S, Salt Lake City, 84084.....	801-569-4370
Lung Association 1930 S 1100 E, Salt Lake City, 84106—Toll Free.....	1-800-LUNG-USA
Make a Wish Foundation 771 E Winchester, SLC, 84107—Toll Free.....	1-800-860-9474
March of Dimes 757 E South Temple, Suite 120, SLC, 84102.....	801-293-3300
Toll Free .....	1-877-881-9255
Medicaid Information Line .....	801-538-6155
Toll Free .....	1-800-662-9651
Medicare Information—Toll Free.....	1-800-633-4227
Mental Health Centers	
Bear River Mental Health Counties-Box Elder, Cache, Rich .....	435-752-0750
Central Utah Mental Health Counties-Piute, Sevier, Juab, Wayne, Millard, and Sanpete....	1-800-523-7412
Davis Mental Health County-Davis.....	801-544-0585
Four Corners Mental Health Counties-Carbon, Emery, Grand .....	435-637-7200

Northeastern Counseling Center	
Counties- Duchesne, Uintah, Daggett .....	435-789-6300
Southwest Mental Health	
Counties-Beaver, Garfield, Iron, Kane, Washington .....	435-634-5600
Valley Mental Health	
Counties-Salt Lake, Summit, Tooele.....	801-263-7100
Wasatch Mental Health	
Utah County.....	801-373-4760
Weber Mental Health	
Counties-Morgan, Weber.....	801-625-3700
For counties not listed. call Medicaid Information.....	801-538-6155
Toll Free.....	1-800-662-9651
Mental Health Centers—Others	
Heber Counseling Center	
County Wasatch.....	435-654-3003
San Juan Mental Health	
County-San Juan.....	435-678-2992
ORS TPL Unit.....	1-800-821-2237
PCN (Primary Care Network)—Toll Free.....	1-888-222-2542
Planned Parenthood Clinics—Toll Free.....	1-800-230-PLAN
<i>PickMeUp</i> —Toll Free .....	1-888-822-1048
Poison Control—Toll Free.....	1-800-222-1222
Pregnancy Risk Line—Toll Free .....	1-800-822-BABY
Restriction Program .....	801-538-9045
Toll Free.....	1-800-662-9651
RHC (Rural Health Centers) (income based fees)	
Beaver Medical Clinic	
1059 N 100th W, Beaver 84713.....	435-438-7280
Blanding Medical Center Emergency & Birthing Services	
804 N 400 W, Blanding 84511.....	435-678-2254
Bryce Valley Clinic	
25 S Redrock, Cannonville, 84718.....	435-679-8545
Circleville Clinic	
145 W Main, Circleville 84723.....	435-577-2958
Coalville Health Center	
82 N 50 E, Coalville 84017.....	435-336-4403
Duchesne Valley Medical Center	
50 E 200 S Duchesne, 84021.....	435-738-2426
Emery Medical Center	
90 W Main, Castledale 84513.....	435-381-2305
Garfield Memorial Clinic	
224 N 400 E, Panguitch 84759.....	435-676-8842
Hurricane Family Practice Clinic	
90 S 700 W, Hurricane 84737.....	435-635-4485
Kamas Health Center	
151 W 200 S, Kamas 84036.....	435-783-4385
Kazan Ivan W Memorial Clinic	
63 N Center, Escalante 84726.....	435-826-4374

Milford Valley Clinic	
451 N Main, Milford 84751 .....	435-387-2471
Monument Valley Health	
PO Box 360-05, Monument 84536 .....	435-727-3230
Mountain Utah Family Medicine	
850 N Main, Richfield .....	435-896-9561
Orderville Clinic	
425 E State, Orderville, 84758.....	435-648-2108
For more locations call the Medicaid Information Line.....	801-538-6155
Toll Free.....	1-800- 662-9651
Ronald McDonald House	
935 E South Temple, Salt Lake City, 84102.....	801-363-4663
Salt Lake County Division of Substance Abuse	
2001 S State, Suite S2300, Salt Lake City, 84190 .....	801-468-2009
Shiners' Hospital	
1350 E 500 N, Salt Lake City, 84103 .....	801-536-3500
Toll Free.....	1-800-237-5055
Social Security Administration	
202 W 400 S, Salt Lake City, 84101.....	801-524-4115
Toll Free .....	1-800-772-1213 (US)
TriCounty Children's Dental Clinic	
198 W 200 N, Vernal, 84078 .....	435-781-0875
Tobacco Quit Line—Toll Free.....	1-888-567-TRUTH
Utah Aids Foundation	
1408 S 1100 E, Salt Lake City, 84105 .....	801-487-2323
Toll Free.....	1-800-FON-AIDS
Utah Issues.....	801-521-2035
Utah Legal Services	
205 N 400 W, Salt Lake City, 84013.....	801-328-8891
65 S Main, Suite 3, Cedar City, 84720.....	435-586-2571
455 N University Ave, Provo, 84601.....	801-374-6766
Utah Assistive Technology Foundation	
6835 Old Main Hill, Logan, 84322-6835—Toll Free .....	1-800-524-5152
Veterans Affairs Medical Center	
500 Foothill Drive, Salt Lake City, 84148 .....	801-582-1565
Toll Free.....	1-800-613-4012
WIC (Women, Infants and Children)	
288 N 1460 W, Salt Lake City, 84114.....	801-538-6960
Toll Free.....	1-800-662-3638
Workforce Services—General Information.....	801-526-9364

# NOTICE OF PRIVACY PRACTICES

## UTAH DEPARTMENT OF HEALTH DIVISION OF HEALTH CARE FINANCING

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 04/14/2003***

The Utah Department of Health, Division of Health Care Financing (DHCF) is committed to protecting your medical information. DHCF is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

### **CONFIDENTIALITY PRACTICES AND USES**

DHCF may use your health information for conducting our business. Examples:

**Treatment** - to appropriately determine approvals or denials of your medical treatment. For example, DHCF health care professionals may review your treatment plan by your health care provider for medical necessity if a Medicaid recipient or for program listed services if a Primary Care Network (PCN) recipient or a Children's Health Insurance Program (CHIP) recipient.

**Payment** - to determine your eligibility in the Medicaid, PCN or CHIP program and make payment to your health care provider. For example, your health care provider may send claims for payment to DHCF for medical services provided to you, if appropriate.

**Health Care Operations** - to evaluate the performance of a health plan or a health care provider. For example, DHCF contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

**Informational Purposes** - to give you helpful information such as health plan choices, program benefit updates, free medical exams and consumer protection information.

### **YOUR INDIVIDUAL RIGHTS**

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial. \*
- Request corrections or additions to your health information. \*
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.\*
- Request a paper copy of this notice even if you agree to receive it electronically.

- Requests marked with a star (\*) must be made in writing. Contact the DHCF Privacy Officer for the appropriate form for your request.

## **SHARING YOUR HEALTH INFORMATION**

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid, PCN and CHIP programs and the following:

For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices

To protect victims of abuse, neglect, or domestic violence

For health oversight activities such as investigations, audits, and inspections

For lawsuits and similar proceedings

When otherwise required by law

When requested by law enforcement as required by law or court order

To coroners, medical examiners, and funeral directors

For organ and tissue donation

For research approved by our review process under strict federal guidelines

To reduce or prevent a serious threat to public health and safety

For workers' compensation or other similar programs if you are injured at work

For specialized government functions such as intelligence and national security

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

## **OUR PRIVACY RESPONSIBILITIES**

DHCF is required by law to:

Maintain the privacy of your health information

Provide this notice that describes the ways we may use and share your health information

Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DHCF offices and on our website, <http://health.utah.gov/hipaa>. You may also request a copy of any notice from your DHCF Privacy Officer listed below:

## **CONTACT US**

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid, PCN and CHIP recipients should contact the DHCF Privacy Officer, Craig Devashrayee, 801-538-6641; 288 North 1460 West, 3<sup>rd</sup> Floor, PO Box 143102, Salt Lake City, Utah 84114-3102; [cdevashrayee@utah.gov](mailto:cdevashrayee@utah.gov).

We will investigate all complaints and will not retaliate against you for filing a complaint.

You may also file a written complaint with the Office of Civil Rights, 200

Independence Avenue, S. W. Room 509F HHH Bldg., Washington, DC 20201